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ABSTRACT

This annotated bibliography provides information for use in developing culturally appropriate mental health services for South East Asian refugees in the United States. The annotations are divided into four sections by population group: Cambodian, Laotian and Hmong, Vietnamese, and Indochinese. For each annotation, the primary audience is noted, i.e., Consultants/Trainers, Mental Health Service Providers, Mental Health Professionals, Refugees, and General Population, although the articles may be valuable for many people working in this area. Also included in this pamphlet is an unannotated list of works cited by author and a brief list of other bibliographies in this field. (KH)

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MENTAL HEALTH ISSUES: INDOCHINESE REFUGEES

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MENTAL HEALTH ISSUES: INDOCHINESE REFUGEES

AN ANNOTATED BIBLIOGRAPHY

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FOREWORD

During the past decade there has been an increasing awareness of the importance of providing Southeast Asian refugees to the United States with culturally sensitive mental health treatment and preventive approaches for the facilitation of healthy adaptation to this country. It is difficult for any group to adjust to a new, culturally different country. The trauma of war and the sudden uprooting of tens of thousands from their native lands have resulted in the need for additional psychological adjustments for many of these refugees.

The National Institute of Mental Health is pleased to collaborate with the Department's Office of Refugee Settlement in bringing this bibliography to the field.

Individuals concerned with developing and operating programs and services for these refugees are often confronted with lack of knowledge about the unique mental health needs and intervention strategies that are effective and culturally relevant and acceptable. This annotated bibliography is intended to address this need.

These literature citations were selected on the basis of their relevance to mental health professionals and others who desire to learn more about Southeast Asian cultural heritages, lifestyles, and background, as well as knowledge of mental health issues and interventions relating to this population.

Only through many local efforts and continuing attention to the mental health needs of Southeast Asian refugees can we realize our capacity to deliver culturally appropriate services.

It is hoped that by providing such services to those refugees in need, we can maximize the probability of their adapting to this country in a healthy, productive way.

Larry B. Silver, M.D.
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PREFACE

This annotated bibliography provides information for use in the complex task of developing culturally appropriate mental health services for Southeast Asian refugees in America. The effort to provide useful information to personnel in local and community agencies working with this population began as part of a National Institute of Mental Health and the Office of Refugee Resettlement project series of regional workshops.

This annotated bibliography is an expanded version of the document distributed at the workshops. It was developed in response to requests for technical assistance in planning and implementing appropriate service delivery systems.

The annotations are divided into four sections by population group: Cambodian, Laotian and Hmong, Vietnamese, and Indochinese. For each annotation, the primary audience is noted, i.e., Consultants/Trainers, Mental Health Service Providers, Mental Health Professionals, Refugees, and General Population, although the articles may be valuable for many people working in this area.

Within these areas, an attempt was made to be as comprehensive as possible given the paucity of literature. However, given the scope of the project and the necessity for a timely publication, some, perhaps many, good articles may have been omitted. For this I apologize both to the authors of the works omitted and the users of this annotated bibliography. It is hoped that the articles included for review will be useful to all who are working in this important area.

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* *Citations with asterisks are particularly comprehensive.*

CAMBODIAN

1. **Chan, C. Cambodians in America. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.**

Population: Cambodian
Audience: General Population

Overview of Cambodian culture through the eyes of Cambodians who are adjusting to American life. Cambodian individuals have furnished the quotations opening each section of the paper. Cambodians are characterized by their: 1) belief in Buddhist ethics, 2) patience/compliance, 3) idealism, 4) formality, 5) tack/diplomacy/withdrawal, 6) love of sharing, 7) open houses, 8) high regard for education, and 9) adaptability. Discussion also encompasses Cambodian social standards as well as similarities and differences between Cambodians and other Asians.

LAOTIAN AND HMONG

2. **Bliatout, B. *Prevention of mental health problems.* Paper presented at the Conference on Refugee Mental Health sponsored by the Department of Health and Human Services and the University of Kansas, Kansas City, Missouri, May 1982.**

Population: Hmong
Audience: Mental Health Service Providers

Suggestions concerning utilization of community self-help systems and possible solutions to tackle mental health problems. The author favors the self-help network which consists of the clan elders, churches and voluntary agencies and traditional healers. Recommendations to refugee resettlement and social service agencies are summarized as follows:

1) Resettle refugees in American communities but maintain the fabric of family life and kinship.
2) Assist refugees to obtain information of and help those family members in their home country.
3) Evaluate their physical status to alleviate their anxiety concerning the noxious effect of biological weapons.
4) Extend genuine friendship to promote mutual sharing.
5) Acknowledge former status of community leaders of army officers.
6) Explore opportunities that allow full use of their skills.
7) Give special attention to the elderly and women.
8) Learn more about Indochinese culture.
9) Respect and support their cultural practices.
10) Orient them about American expectations, customs and laws.
11) Integrate Indochinese and Western healers in treatment of mental health problems.
12) Encourage education of Hmong health and mental health professionals.
13) Solicit help and advice from Hmong clan leaders.

Last, but not least, refugees should be encouraged to be independent and contributing members of society rather than overdependent on agencies.

3. Bliatout, B. *Problems of acculturation of the Hmong in Hawaii.* Honolulu: Institute of Behavioral Sciences, 1979.

Population: Hmong
Audience: Mental Health Professionals, Mental Health Service Providers

Review of the background and mental health problems of the Hmong. Author describes the Hmong in terms of their historical origins, geographic distribution, culture, recent history and arrival in Hawaii. Their mental health problems are related to the resettlement process, language, re-education plan, loss of status, loss of relatives, and disruption of family relations. Author summarizes two case examples and makes the following suggestions:

1) Make mental health services easily accessible.
2) Avoid the term "mental health" and disguise counseling as "educational" or "family relations program."
3) Train Hmong as paraprofessionals and professionals in the field of mental health.

4.* Bliatout, B. *Understanding the differences between Asian and Western concepts of mental health and illness: Hmong and Lao.* Paper presented at the Conference on Refugee Mental Health sponsored by the Department of Health and Human Services and the University of Kansas, Kansas City, Missouri, May 1982.

Population: Hmong, Laotian
Audience: Mental Health Service Providers, Consultants/Trainers

Overview of Hmong and Lao lores in relation to mental health and illness. Hmong link mental health or emotional problems to problems of the liver. Author outlines six types of "sick livers" in a table, together with a description of the causes, symptoms and case examples of each. Hmong traditional healers are herbal medicinemen, soul callers, spiritual healers and shamen. Laotians, on the other hand, liken mental health problems to problems of the heart of spiritual problems. Examples of Laotian mental health terms and typical

* *Citations with asterisks are particularly comprehensive.*

symptoms are presented in a chart. Healers are Buddhist monks, Herbalists, spiritual communicators, magicians, Baci officials, and village elders.

In view of the stigma attached to mental illness, the author suggests that mental health counseling be disguised as an educational program of a family relations program. These titles are more acceptable to Hmong and Laotians. The focus of counseling should be on giving advice on an array of problems. Author concludes with a general statement that the therapeutic value of Asian techniques should go hand-in-hand with Western-style treatments.

5. **National Indochinese Clearinghouse Center for Applied Linguistics. *Glimpses of Hmong history and culture.* Arlington: Author, no date.**

Population: Hmong
Audience: General Population

Detailed account of the recent history and tradition of Hmong. It consists of two articles, "The Hmong of Laos: 1896-1978" by Yang See Loumarn and "The Hmong of Northern Laos" by G.L. Barney. The former article covers the following topics: 1) early history, 2) emergence of Hmong leaders and the Guerrilla Army, 3) effects of relocation: 1955-1975, 4) the fall of the Royal Lao government, and 5) Fleeing into Thailand: 1975-. The latter article deals with Hmong life and culture as of the early 1950s, before the disruption of war. Discussion is organized in terms of these subject headings: 1) the people and the area, 2) Hmong social organization, 3) Hmong political organization, 4) Hmong economy, 5) Hmong folklore and beliefs, and 6) the Hmong life cycle.

6. **Phommasouvanh, B. Aspects of Lao family and social life. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America.* Los Angeles: Author, 1981.**

Population: Laotian
Audience: General Population

The author presents the traditional values and life styles of Laos. Discussion topics include: 1) the structure of family, 2) roles of man and woman, 3) family obligations, 4) rites in the home, and 5) social life.

7. **Vang, T.F. The Hmong of Laos. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*, Los Angeles: Author, 1981.**

Population: Hmong
Audience: General Population

Author provides perspectives on the historical background and culture of Hmong. Similarities and differences between the Hmong and other Asian people are outlined. Author emphasized the need for well organized English instruction and vocational training for the Hmong to enable them to survive in the U.S.

8. **Westermeyer, J., and Wintrob, R. "Folk" explanations of mental illness in rural Laos. *American Journal of Psychiatry*, 1979, *136*(7), 901-905.**

Population: Laotian
Audience: Mental Health Service Providers

The authors interviewed relatives and neighbors of 35 "baa" (insane) Laotians from 27 villages in rural Laos. As the "baa" term was a social label each "baa" person was then classified by a panel of four clinicians, as functionally psychotic-usually schizophrenic.

Respondents were asked about each "baa" person's behavior and the presumed cause(s) of the behavior. The authors categorized these causes and describe these folk explanations. Most of the explanations attribute responsibility of the "baa" condition to external causes outside of the "baa" person's or family's control.

9. **Westermeyer, J., Vang, T.F, and Neider, J. Migration and mental health among Hmong refugees: Association of pre- and post-migration factors with self-rating scales. *The Journal of Nervous and Mental Disease*, 1983, *171*(2), 92-96.**

Population: Hmong
Audience: Consultants/Trainers, Mental Health Professionals

Authors conducted a study to assess the self-perception of mental health and other problems among the Hmong, and the association of psychological symptoms with pre- and post migration factors. Of 103 Hmong adults living in Minnesota in 1977, 52 males and 45 females participated in the study. The Symptom Checklist (SCL-90) and the Zung Depression Scale were translated into the Hmong language and administered.

Results indicated that premigration factors had minimal influence on current self-reports of psychological symptoms while a number of postmigration factors were significant. A stable residence, on-going contact with a sponsor, distance from other Hmong, and the lack of a bicultural person were associated with fewer psychological problems. Employment, usually low pay and status, was associated with depression and other symptoms. -(See next abstract)-

10. **Westermeyer, J., Vang, T.F., and Neider, J. Refugees who do and do not seek psychiatric care: An analysis of premigratory and post migratory characteristics. *The Journal of Nervous and Mental Disease*, 1983, *171*(2), 86-91.**

Population: Hmong
Audience: Consultants/Trainers, Mental Health Professionals

Authors conducted a prospective study of the Hmong population over 16 years of age, in Minnesota (N = 97) during 1977. An authors' developed questionnaire of adjustment was presented in the Hmong language to the subjects. Within 12 months of the onset of the study 17 subjects became patients with a primary psychiatric diagnosis.

Authors report patient and nonpatient comparisons on 60 pre- and post- migration factors. Patients were more apt to be in their 30's with greater family responsibilities, to be farmers, and to have had the expectation of "peace" or "improved finances" in the U.S. Sponsorship by a fundamentalist, rural religious group was also associated with being a patient. -(See previous abstract)-

VIETNAMESE

11.* Aylesworth, L.S., Osorio, P.S. and Osaki, L.T. Stress and mental health among Vietnamese in the United States. In R. Endo, S. Sue and N. Wagner, *Asian-Americans: Social and psychological perspectives.* Palo Alto: Science and Behavior Book, Inc., 1979.

Population: Vietnamese
Audience: Mental Health Service Providers

Author focuses on Vietnamese refugees, 89% of Indochinese admitted to U.S. between 1975 and 1977, for study.

Author presents results of the Denver Study, an open ended interview study of 50 adult Vietnamese, selected as a cross section of the population. Initial problems and fears in the U.S. and of resettlement. Author found that Vietnamese define mental illness differently, i.e., less severe emotional and behavioral disturbances are believed to reflect youth and life's circumstances and "remain" with the family; it is weak to ask for help. In some cases the priests and village elders (problems of agitation, confusion, "acting out") or shaman/fortune teller (e.g., loss of money, hope, etc) might be consulted.

More serious psychopathology is feared, avoided, and/or stigmatized and these people are sent to state mental hospital as a last resort.

Refugee presenting problems were: 1) Depression (most prevalent) often with "busy-busy" syndrome: hypomanic state and preoccupied with trivial here and now tasks; "anomic" syndrome: no motivation of life goals, acts in socially inappropriate manners, somewhat sociopathic; usually single servicemen; 2) Dependency: usually wife and elderly; 3) Isolation: fear of people, transportation, anger at U.S., etc.; usually elderly, sometimes wives or servicemen; 4) Psychoses: rare and most had been diagnosed in Vietnam; 5) Paranoid reactions: usually brief and nonrepetitive.

Mental health treatment (all may be used):

1) Traditional therapy: usually inpatient care; Vietnamese and Indochinese are often viewed as uncooperative.
2) Pluralism model: pragmatic, deals with life problems not diagnoses; outreach and consultation services (Denver program).
3) Enrichment model: uses bilingual, bicultural workers, provides diverse services, emphasis on adjustment; criticized for not being more mental health oriented (Seattle program).

Author provides case examples.

12. Boman, B., and Edwards, M. The Indochinese refugee: an overview. *Australian and New Zealand Journal of Psychiatry*, 1984, *18*, 40-52.

Population: Vietnamese
Audience: Consultants/Trainers, Mental Health Service Providers

The authors briefly review the sociocultural background of Vietnamese refugees in Australia. Religion, family and cultural values, the trauma of the Vietnam War, emigration, and resettlement are discussed. Although no epidemiological or descriptive studies of psychiatric disorders in this refugee population were conducted. The authors cite and briefly describe a number of reports on Indochinese refugees in the U.S. that describe the psychological problems that confront this population.

13.* Brower, I. Counseling Vietnamese. *Personnel and Guidance Journal*, 1980, *58*(10), 646-652.

Population: Vietnamese
Audience: Mental Health Service Providers

The author suggests ways for counselors to build helping relationships with refugee children and their families. Specific and practical information to help the counselor establish rapport, avoid misunderstandings in explicit and implicit communication, minimize transference dangers, and deal with Vietnamese attitudes toward sex roles and the individual/family relationship are offered. Discussion also includes psychological differences between the Vietnamese and Americans, ethnic differences among the Vietnamese, themselves and war-related mental health problems. The author emphasizes that the counselor can bridge differences and enhance adjustment by contrasting Vietnamese and American practices as well as instructing the client in acceptable American social behavior.

14. Burch, E.A., and Powell, C.H. The psychiatric assessment of a Vietnamese refugee through art. *American Journal of Psychiatry*, 1980, *137*(2), 236-237.

Population: Vietnamese
Audience: Mental Health Service Providers

A case report of a South Vietnamese woman, nonEnglish speaking, who was referred to the hospital for evaluation. Due to language barrier art assessments of patient's mental and intellectual status and progress were employed. This approach applicable to all non English speaking persons.

15.* Charron, D.W., and Ness, R.C. Emotional distress among Vietnamese adolescents: A statewide survey. *Journal of Refugee Resettlement*, 1981, *1*(3), 7-15.

Population: Vietnamese
Audience: Mental Health Service Providers

Authors report that although a large proportion of refugees from Southeast Asia are 17 years old or younger there is paucity of research on this subgroup. Therefore the authors conducted a study to learn about the adjustment problems of Vietnamese adolescents.

The authors sampled 64 Vietnamese adolescents (67 in population), 13 to 19 years of age enrolled in public schools in Connecticut. Demographic data, English language ability, and social attitudes were obtained through student self-reports and teacher assessments. Health and mental health symptoms were self-assessed on the Cornell Medical Index. Results indicated that students who reported high levels of emotional stress tended to be those who did not relate well to their American peers. Also, school-based "success" was associated with parental conflict.

16. Forrest, D.V. Vietnamese maturation: the lost land of bliss. *Psychiatry*, 1971, *34*(2), 111-139.

Population: Vietnamese
Audience: Mental Health Service Providers

Author studied Vietnamese legends and conducted interviews to develop this description of the psychological maturation of a child in Vietnam. The author's approach follows a psychoanalytic framework.

17. Harding, R.K., and Looney, J.G. Problems of Southeast Asian children in a refugee camp. *American Journal of Psychiatry*, 1977, *134*(4):407-411.

Population: Vietnamese
Audience: Consultants/Trainers, Mental Health Professionals

Authors describe efforts to meet the mental health needs of Vietnamese children and their families in a refugee camp. Unaccompanied children were identified as a high-risk group whose problems ranged from somatic complaints, sleep disturbances, tantrums, violent antisocial behavior, and depression to marked withdrawal. The authors made the following recommendations: 1) return children to their parents in Vietnam if it is appropriate, 2) clarify the legal status of children to facilitate permanent adoptive placement, 3) continue monetary support for long-term care, and 4) oversee the welfare of these children by a federal agency.

18. Hoskins, M.W. Building rapport with the Vietnamese. In Vietnamese American Association (Ed.), *Indochinese refugees adjustment problems.* Oklahoma City: Author, no date.

Population: Vietnamese
Audience: General Population

This essay is designated to help westerners establish friendly relations with and interpret information from Vietnamese. Author developed an insight into bridging the cultural gap through her engagement in social anthropological research in Vietnam. Narrative of her personal experience touches upon the following issues: traditional beliefs, family relationships, subtlety in interpersonal relations, social etiquette, taboos, delicate and touchy subjects, easily misinterpreted behavior, Vietnamese' picture of Americans, and techniques in making contact. An open mind, according to the author, is essential in understanding the Vietnamese culture which prizes politeness before progress, and personal relations before facts.

19. Kinzie, D., Manson, S.M., Vinh, D.T., Tolan, N.T., Anh, B., and Pho, T.N. Development and validation of a Vietnamese-language depression rating scale. *American Journal of Psychiatry*, 1982, *139*(10), 1276-1281.

Population: Vietnamese
Audience: Mental Health Service Providers

Authors developed their 15-item Vietnamese Depression Scale which was based on Vietnamese perceptions of symptom complexes and depressive behaviors. The scale was validated by a comparison test of psychiatric clinic patients who met the DSM-III criteria for depression with a matched community sample. Descriptive analysis of the scale is provided. One important finding was that the patient sample was extremely uncomfortable with the affective and physical aspects of their depression. They reported a feeling of desperation or loss of control although none had psychotic symptoms.

20. Nguyen, D.L., and Kehmeier, D. The Vietnamese in Hawaii. In J.F. McDermott, W.S. Tseng and T.W. Maretzki (Eds.), *People and cultures in Hawaii*. Honolulu: University Press of Hawaii, 1979.

Population: Vietnamese
Audience: Mental Health Professionals

Article discusses Vietnamese traditions, the evacuation process, and their adjustment. Emphasis is on the cultural forces which dictate the Vietnamese' mode of living, pattern of thought and behavior, and adjustment in the new environment. These forces are Buddhism, Confucianism, Taoism, and native geographic and historical conditions. Authors also depict a brief psychological profile of each group of refugees: the elderly, nuclear family units, men without families, female-headed families, and unaccompanied children.

21. Lin, K.M., Tazuma, L., and Masuda, M. Adaptational problems of Vietnamese refugees: I. Health and mental health status. *Archives of General Psychiatry*, 1979, *36*, 955-961.

Population: Vietnamese
Audience: Mental Health Professionals

Authors report results of a two-year study on the health and mental health status of Vietnamese refugees; The Cornell Medical Index, CMI, was used.

1) There was a high and continuing level of physical and/or mental dysfunction among the refugees.
2) The second administration revealed significant shifts in this dysfunction, which was related to the following factors:
   a. age/sex interactions: younger and older men as well as women in their reproductive years had higher CMI scores.
   b. marital status: higher scores for those married, higher scores for divorced or widowed female heads of households, widowed female heads of households.
   c. public assistance: recipients had higher scores.
3) Unemployment, lack of English proficiency and three community social activity indices were not related to CMI scores.
4) The CMI profile showed a significant increase in anger and hostility with concomitant reductions in feelings of inadequacy.
5) The use of the CMI scoring on the s/p ratio indicated that the Vietnamese had no reticence to psychological symptom expressions.
6) Depression scores were low and consistent, contrary to previous studies.

The authors provide two suggestions in the light of these findings: 1) recognition, understanding and encouragement of expression of anger can be of great help to the refugees in facilitating their adaptation process; and 2) the nature of depression warrants further research.

22. Liu, W.T. *Transition to nowhere.* Nashville: Charter House Publishers, Inc., 1979.

Population: Vietnamese
Audience: Mental Health Professionals

Report of a study on over 200 refugees in Camp Pendleton in the summer of 1975. The author explores 5 stages of the refugee experience, from flight, through transit, sojourn in camp, sponsorship out and subsequent immediate resettlement, to long term adjustment, with emphasis on mental health conditions. The issue of unaccompanied children is also addressed. Throughout the book, a dual perspective, that is, the refugees' and host society's points of view, is delineated to show the conflict in opinion.

The refugees not only lack preparation, resources, and cultural skills, they also endure enormous psychological torments. Empirical observations and other studies reveal deterioration morale and mental health among the refugees. Common manifestations of problems are anxiety, depression, suicides, homesickness and guilt. The desire to stay within the Vietnamese community and the need of belonging are especially strong. As for the unaccompanied children, four major types of mental health problems are identified: anti-social behavior, depression, withdrawal, and hysteria.

Author criticizes the bureaucratic apathy to the needs of refugees and urges more effort on the part of the government. As Dr. Tung put it, ". . . not as much was accomplished in the domain of mental health as in the field of material comfort for the refugees."

23. Looney, J., Rahe, R., Harding, R., Ward, H., and Liu, W. Consulting to children in crisis. *Child Psychiatry and Human Development*, 1979, *10*(1), 5-14.

Population: Vietnamese
Audience: Consultants/Trainers, Mental Health Professionals

Authors report on their experiences as part of a team of mental health professionals whose task was to develop service recommendations for the Vietnamese refugee children and adolescents at Camp Pendleton, CA. The teams initial positive assessment of the situation and their recommendations, primarily preventative, are offered.

24. Masuda, M., Lin, K.M., and Tazuma, L. Adaptation problems of Vietnamese refugees. II. Life changes and perception of life events. *Archives of General Psychiatry*, 1980, *37*, 447-450.

Population: Vietnamese
Audience: Mental Health Service Providers

Authors studied a sample of Vietnamese refugees immediately after (n = 152), and one year after (n = 141; 54 from phase 1), resettlement in the U.S. The Holmes and Rahe Social Readjustment Rating Scale (SRRS) and the Cornell Medical Index (CMI) were used to measure life event stress and physical symptoms, respectively.

Results indicated that life changes were as high one year after, as at the time of resettlement, although in different areas of change. Moreover, events related to work, spouse, schooling and the law were greater the second year. There was also a positive and significant correlation of the SRRS and the CMI. Thus, the continued changes in life events of these Vietnamese refugees puts them at greater risk of illness.

25. Montero, D., and Dieppa, I. Resettling Vietnamese refugees: the service agency's role. *Social Work*, 1982, *27*, 74-81.

Population: Vietnamese
Audience: Consultants/Trainers, Mental Health Professionals

Authors provide a brief review of the resettlement process and policies in the U.S., demographic background, and initial problems of the refugees. Follow-up national survey data indicated that by 1979 the refugees who arrived between 1975 and 1977 had relatively high levels of employment and income and low levels of case assistance; a clear move toward economic self-sufficiency.

Authors recommended that practitioners work closely with Mutual Assistance Agencies to help design programs for these refugees who were psychologically unprepared to start a new life.

26. National Indochinese Clearinghouse Center for Applied Linguistics. Perspectives on a cross-cultural problem: Getting to know the Vietnamese. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Population: Vietnamese
Audience: General Population, Mental Health Professionals

A description of the positive and negative aspects of Vietnamese character is provided. The Vietnamese people are renowned for their industriousness, love of learning and personal orientation. However, their lack of community spirit, weak peer-orientation and inattention to punctuality provides grounds for criticism by Americans. A clash of Vietnamese and American value orientations is witnessed in the realms of interpersonal relations, approach to life and time perspective. In seeking to understand the Vietnamese, the author makes a note of caution on the danger of stereotypes and quotes a Vietnamese saying:

> "Just as the length of a road is known only by actually traveling on it, the qualities of a man are known only by living with him for a long time."

27.* Nhu, T.T. Vietnam refugees: The trauma of exile. *Civil Rights Digest*, 1976, *9*(1), 59-62.

Population: Vietnamese
Audience: Refugees, General Population

Article describes the plight of the refugees from transplant, enforced diaspora, to cultural shock. Vietnamese' sentimentality, love of family, interperson orientation and lack of aggression make them out of tune with American life. Their deep attachment to Vietnam and the thought of family members left behind produce enormous regret. In these agonizing circumstances, many try to rationalize their reasons for fleeing by exaggerating the corruption and economic hardship of the Vietnamese government. The author, however, proposes that "it is necessary to reconcile themselves to Vietnam, not to regard it as an ideological foe, but simply as one's country where one's family and ancestors still are." For those who cannot reconcile with the past, life will be full of doubts and anxieties. The author believes in the intelligence, resilence and enthusiasm of the Vietnamese and foresees a brighter future for the coming generations. It is hoped that the youngsters will not forget the integrity and beauty in traditions of the old country in their attempts to assimilate.

28. Rahe, R.H., Looney, J.G., Ward, H.W., Tung, T.M., and Liu, W.T. Psychiatric consultation in a Vietnamese refugee camp. *American Journal of Psychiatry*, 1978, *135*(2), 185-190.

Population: Vietnamese
Audience: Consultants/Trainers

Report of psychiatric consultation in a Vietnamese refugee camp in California. Recommendations of the consulting team included both emergency and preventive psychiatric care. A mental health survey on a random sample of 203 refugees indicated that women between 20 and 39 were most likely to report psychological symptoms. The survey also found that men between 20 and 39 had experienced the greatest number of recent life changes and reported the most pessimistic score on the "Self-Anchoring Scale" (Cantril) which documents an individual's perception of his or her position on a ten step scale. It is suggested that a follow-up study be made for this sample during their first year in the United States.

29. The Vietnamese American Association (Ed.) American-Vietnamese cross-cultural information. In *Indochinese refugees adjustment problems*. Oklahoma City: Author, no date.

Population: Vietnamese
Audience: Mental Health Service Providers

An outline of cultural differences between Americans and Vietnamese is offered. A comparison is made on the following aspects: 1) self-identification; 2) self-reliance and independence; 3) status classification, responsibility and privileges; 4) employment, job expectations, and on-the-job relations; 5) interpersonal communication; 6) utilization of time and social etiquette; 7) friendship patterns and sex roles; and 8) meals. Cross-cultural implications, in terms of the specific behavior and views of Vietnamese, are also presented to elucidate each point of discussion.

30. Vignes, A.J., and Hall, R.C.W. Adjustment of a group of Vietnamese people to the United States. *American Journal of Psychiatry*, 1979, *136*(4A), 442-444.

Population: Vietnamese
Audience: General Population, Mental Health Professionals

Authors report on their study to evaluate the psychiatric and social factors effecting the adjustment of Vietnamese refugees in the United States. Fifty Vietnamese refugee families (114 individuals) in Baton Rouge, Louisiana were selected for study. Data was collected from individual and group interview questionnaires, sociodemographic data from local social agencies, and psychiatric evaluations of interviews with all the Vietnamese who came to the local community mental health center.

The major sociological stresses identified in this population were: 1) loss of role identity, 2) loss of self-esteem, 3) social isolation secondary to language barriers, 4) local prejudice directed toward the Vietnamese, 5) Vietnamese prejudices directed toward the local community, and 6) suspicion of the U.S. government's motivation and intent. The main problems reported by subjects related to unemployment, underemployment and developing marital discord.

The author concludes that basically the Vietnamese people are adjusting well without losing their cultural identity.

Generalization of the study findings is limited because the sample was drawn from a geographically confined area. (Information does not pertain to mental health pragmatic practice but can provide some background knowledge of the Vietnamese.)

INDOCHINESE

31. **Academy for Contemporary Problems. *Human systems - a manual and inventory of social services for Indochinese.* Columbus: Author, 1979.**

Population: Indochinese
Audience: Mental Health Professionals

The use of consultation, training, and evaluation programs in communities, particularly rural ones, to help the community meet the needs of Indochinese refugees is briefly described.

32. **Aitken, W.F. (Ed.). *A quadrilingual manual and directory, A mental health guide for Southeast Asians.* Pennsylvania: Office of Mental Health, 1978.**

Population: Indochinese
Audience: Refugees, Mental Health Service Providers

The manual, which is written in Vietnamese, Cambodian, Laotian and English, provides a directory, by state, of facilities where Indochinese refugees can receive assistance. The manual is written in lay terms and describes symptoms of mental illness, services which are offered, procedures at CMHCs, and a brief statement on who uses these services in U.S.

33. **Aylesworth, L.S. *Mental health consultation and program development for Indochinese refugees in low density areas.* Paper presented at Southern Cal. Indochinese Mental Health Conference, August 1980.**

Population: Indochinese
Audience: Mental Health Professionals, Consultants/Trainers

Author stresses the use of consultation and education services to provide service to agencies in rural areas and/or areas with few Indochinese. Information needs to be presented to American sponsors to help the refugee population in their area. Author recommends working the "prime contact."

34.* Aylesworth, L.S., Kham Ko Ly, and Do Dung Anh. *Working with Indochinese children and their families.* Denver: Indochinese Development Center, Park East Comprehensive Community Mental Health Center, Inc., Denver, 1980.

Population: Indochinese
Audience: Mental Health Service Providers

Authors briefly describe the Indochinese clientele and services provided by the Indochinese Development Center and offer recommendations for working with children. Due to the disparate rates at which individual family members have assimilated to American society, the Indochinese family units experience considerable stress and become liabilities, rather than sources of support, to the individuals. Mental health problems manifested by the children are war trauma, depression, anxiety reactions, behavioral problems, eating disorders, and mental deficiency. The prevalence of mental retardation among Indochinese is higher than that of the general population. However, schools are liable to commit diagnostic errors because of the failure to consider socio-cultural factors.

General suggestions for working with children and their families are listed:

1) Work with problem children in the context of the family.
2) Address and maintain eye contact with the head of the family.
3) Do not use the child as an interpreter.
4) Use interpreter as both translator and cultural expert.
5) Identify oneself as one who has extensive experience in dealing with problems similar to the child's rather than as mental health practitioner.
6) Obtain extensive background history of the family.
7) Use behavior and symptom description instead of the American diagnostic categories.

35. Brisimi, H. *An overview of the refugee situation in South East Asia.* Unpublished manuscript, Office of the U.N. High Commissioner for Refugees, no date.

Population: Indochinese
Audience: General Population

General commentary on the recent (1975 and on) exodus of Southeast Asian refugees. Discusses basic needs of refugees, not specific to psychological issues.

36. Brown, G. Issues in the resettlement of Indochinese refugees. *Social Casework*, 1982, *63*, 155-159.

Population: Indochinese
Audience: Mental Health Service Providers

Although each refugee group has its own culture the author believes that there are substantial similarities in their experiences to allow for the development of effective interventions. A major issue involves broken families and the feelings of guilt over not being able to help those left behind. Vocational transition, e.g., high status to menial labor; geographic dispersion across the U.S.; intergenerational conflict; and sponsorship issues are also discussed.

37. Bureau of Research and Training, Office of Mental Health, Pennsylvania Department of Public Welfare. *National mental health needs assessment of Indochinese refugee populations*. Pennsylvania: Author, 1979.

Population: Indochinese
Audience: Consultants/Trainers, Mental Health Service Providers

A nationwide need assessment survey of over 1,100 organizations familiar with the then current status (1979) of mental health problems among the Indochinese refugee population was conducted. The survey indicated that depression, anxiety, and marital conflict (descending order) are the most frequently cited presenting problems. The 19 to 35 age group was found to be most at risk due to exclusion from traditional family support systems and conflict between new and traditional value systems. The survey also indicated that Indochinese refugees do not seek out CMHCs; only 4% of refugees requested mental health care. Vietnamese were found to have more problems but less severe ones. In general, the amount and severity of problems related to the existence of support groups. Authors recommend more training for paraprofessionals and research in effective treatment models.

38. Carlin, J.E. Southeast Asian Children: Implications for the mental health systems. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Population: Indochinese
Audience: Consultants/Trainers

Author reviews the refugees' flight and camp experiences, with focus on mental health services for Southeast Asian children. Based on a visit to one Lao Hmong camp at Ben Vanai the author found the living conditions vary from "fair to terrible."

Mental health implications for children across the age span are as follows:

1) Very young infants: adjustment will be a function of each infant's physical condition and mental health of its parents and extended family.
2) Infants (6 months to 2 years): owing to the memory of traumatic event, verbalization is delayed, acquisition of language skill is disrupted and nightmares persist.
3) Child (9-18 years): identity conflict manifested by intermittent resistance to the authority and rules of Americans.

Directions for rectifying the situation are suggested:

1) Better understanding of the Indochinese cultures; for example, a) political conditions in Southeast Asia, b) horrors of refugees and conditions of the camps, and c) family pressure on children to excel.
2) Recognize that "inappropriate behavior' is the child's attempt to communicate needs, fears, confusion, or to assert identity, etc., or is simply culturally asyntonic.
3) Pairing new arrivals with 1975-76 successful refugee children as tutors has helped those children who are behind in education.
4) Organize groups for talking and sharing so that people with common backgrounds can help one another.
5) Implement special feeding programs for children suffering from malnutrition.

39.* Chien, C., and Yamamoto, J. Asian American and Pacific-Islander patients. In F. Acosta, J. Yamamoto and L.A. Evans (Eds.), *Effective psychotherapy for low-income and minority patients*. New York: Plenum Press, 1982.

Population: Indochinese
Audience: Mental Health Service Providers, Consultants/Trainers

The authors describe the socio-cultural characteristics, and attitudes toward mental health services of this population. They will utilize services for individuals who are psychotic, but will not ask for assistance for problems of life. Illness is usually concealed within the family, it is "bad blood," a sin. With respect to treatment, they are used to

emergency, first come treatments, not appointments. They prefer minimal history taking and immediate relief, they are not used to talking therapies. A family oriented, active, authoritarian therapist is recommended.

The text is punctuated with self-assessment exercises by topic area which are useful for training.

All of the above must be considered against specific culture, generation and socio-economic status, etc.

40. Chin, J.L. Diagnostic considerations in working with Asian Americans. *American Journal of Orthopsychiatry*. 1983, *53* (1), 100-109.

Population: Chinese Americans
Audience: Mental Health Service Providers

Although the article focuses on Chinese-Americans the recommendations can also apply to Indochinese.

The author states that Asian Americans are generally diagnosed through the use of psychological tests and clinical assessments which are based on difference observed against white middle class norms. This often leads to interpretations which are negative. In particular, intelligence tests tend to underestimate the intellectual potential of Asian Americans.

The author recommends the use of operationally defined behavior, rather than inferred traits, to achieve a diagnosis. The uniqueness of the individual and an awareness of the adjustment issues and needs of immigrant families should also be considered. Also, variations in themes on projectives should not automatically be considered as psychopathology but viewed in the context of the cultural world the individual lives in.

41. Chu, J. The trauma of transition: Southeast Asian refugees in America. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: 1979.

Population: Indochinese
Audience: Mental Health Professionals

Author reviews plight of flight of Indochinese refugees, particularly those from Vietnam War. Basic problems are food and shelter. Mental health needs do not appear until later. Emphasis on refugee

trauma, i.e., isolation due to breakdown of family unit and separation from cultural background. Specific reasons for trauma by place of origin, e.g., Cambodia, Laos, Vietnam, are also discussed. Also noted was the finding that as time in U.S. increased, anger and frustration increased significantly (could be healthy).

42. Egawa, J., and Tashima, N. *Alternative service delivery models in Pacific/Asian American communities.* San Francisco: Pacific Asian Mental Health Research Project, 1981.

Population: Indochinese
Audience: Mental Health Professionals, Consultants/Trainers

Alternative agencies are defined as voluntary service organizations which provide service to underserved populations and use indigenous workers in service delivery. In actuality many have affiliated with CMHCs and other social service agencies.

Author states that low utilization of services within this population is due to "barriers to service" and "incompatibility" between client community norms and those of the service provider, not because they are mentally healthy.

The authors conducted a study to review 45 agencies delivering mental health services to Pacific/Asian Americans (NIMH grant) in Los Angeles, San Diego, San Francisco, and Seattle. The results indicated that all provide bilingual/bicultural staff and diverse services which often include case advocacy management. Author briefly describes services provided, organizational structures, and funding patterns. Elements of culturally appropriate models, e.g., 1) decrease stigma by not labeling service as mental health service, or by "embedding" service with a more accepted program (describes model programs); and 2) worker-client relationship often needs personalization and advocacy assistance.

The study also found community outreach programs to include increased provision of information about services into the community, satellite offices within other community based agencies, and ethnic community centers.

43. Egawa, J., and Tashima, N. *Indochinese healers in Southeast Asian refugee communities*. Pacific Asian Mental Health Research Project, 1982.

Population: Hmong, Mien, Cambodian, Vietnamese
Audience: Mental Health Service Providers

The authors studied refugee healing and health-seeking practices through in-depth interviews with Southeast Asian healers in the San Francisco Bay area. The text is divided into surveys of four ethnic groups, the Hmong, Mien, Cambodian, and Vietnamese. For each group, topics of discussion include: 1) traditional views on illness, 2) healer's qualifications, diagnostic methods and treatment, 3) description of patients and presenting problems, and 4) healing ceremony.

The most prominent difference between western practitioners and indigenous healers resides in the methods of categorizing health problems. In Western medicine illness may be explained in terms of physiological, mental causes or processes, while the diagnosis in folk medicine is primarily an identification of natural or supernatural origin. Where both Western and indigenous medical systems are utilized, Western medicine will be considered more effective for relief of symptoms and indigenous system more appropriate for treatment of the basic cause. The pattern is to see a Western doctor first and, if the problem persists, to then seek an indigenous cure. The appeal of traditional healers lies in their skills in conveying self-confidence and effecting a positive transference. Therapeutic approaches range from physical manipulation, use of medicine derived from herbs and animal parts, and performance of religious rituals to exorcise the afflicting spirit. The ceremony, as a therapeutic setting, offers that patient family support and opportunity for "catharsis", in contrast to the privacy and individual responsibility valued in Western practice. Use of indigenous healing systems has become, however, less frequent in the United States due to the competition from Western medicine, the unavailability of traditional herbs, and the geographic dispersion of the refugee communities.

44. Evans, L.A., Acosta, F.X., and Yamamoto, J. Putting it all together. In F.X. Acosta, J. Yamamoto, and L.A. Evans (Eds.), *Effective psychotherapy for low-income and minority patients*. New York: Plenum Press, 1982.

Population: Indochinese
Audience: Mental Health Service Providers

Authors describe two programs designed especially for low-income minority patients (not developed for any specific group). The first, a patient orientation program assists patients to understand mental

health services, i.e., psychotherapy; "Tell it like it is!" The second, is a minority issues seminar for therapists to discuss their experiences and feelings.

45. Gordon, V.C., Matousek, I.M., and Lang, T.A. Southeast Asian refugees: Life in America. *American Journal of Nursing*, 1980, *37*(447), 2031-2036.

Population: Cambodian, Laotian (Tai and Hmong), Vietnamese
Audience: Mental Health Service Providers

Authors provide a brief description of some of the problems encountered by Southeast Asian refugees and related cultural issues although it does not specifically address mental health issues.

46. Harmon, R., and Robinson C. (Eds.). *Outreach, Information and referral*. Washington, D.C.: Indochina Refugee Action Center, 1981.

Population: Indochinese
Audience: Mental Health Professionals, Consultants/Trainers

Author describes general programs for three types of outreach: 1) to individual—care must be taken for confidentiality, primarily from referrals; 2) refugee community—groups, use influential members, and 3) agencies—develop interagency cooperation and communication.

The above programs are not specific to mental health but would apply. There is a discussion of information services.

47. Harmon, R., and Robinson, C. (Eds.). *Social adjustment services*. Washington, D.C.: Indochina Refugee Action Center, 1981.

Population: Indochinese
Audience: Mental Health Professionals

Author defines social adjustment for the refugee when 1) there is minimum stress due to cultural misunderstanding and conflicts and 2) a normal degree of self-reliance. There is a brief description of minimal aspects of mental health services. Particular mention of crisis intervention and of need for specific areas to be included in cross-cultural awareness training for mental health providers.

In general, a good overall outline of consumer and training needs is provided.

48.* Ho, M.K. Social work with Asian Americans. *Social Casework*, 1976, *57*(3), 195-201.

Population: Indochinese
Audience: Mental Health Service Providers

Salient cultural factors of first generation Asian American families are described. Factors include parental dominance, high degree of self control, the inhibition of strong feelings, social solidarity and subordination to the group, and fatalism. An Asian American client who seeks help from a social service agency risks family rejection.

The above factors have numerous implications for service provision. Strict confidentiality needs to be adhered to. The client should be assured that seeking help is a strength. A directive approach with emphasis on humanistic attitudes and concrete service is more effective than other approaches. A modified approach to group therapy applying humanistic techniques is also suggested for family therapy.

49. Hoang, G.N., and Erickson, R.V. Guidelines for providing medical care to Southeast Asian refugees. *Journal of the American Medical Association*, 1982, *248*(6), 710-714.

Population: Cambodian, Laotian, Vietnamese
Audience: Consultants/Trainers, Mental Health Service Providers, Mental Health Professionals

Authors provide brief general descriptions of the historical and cultural backgrounds, languages, religions, cultural beliefs and concepts of health and disease of the Cambodian, Laotian and Vietnamese people. Of note is the use of folk medicine and the possible use of dual systems of care, i.e., folk and Western medicine.

Although the paper relates primarily to general medical care, the authors report that the refugee population seems to be at risk for psychiatric problems after the first 6 to 12 months of resettlement.

50. Hodge, W.H. *Description of Indochinese assessment and planning package*. Oshkosh, Wisc: Institute of Human Design, University of Wisconsin-Oshkosh, 1979.

Population: Indochinese
Audience: Mental Health Service Providers

A guideline of an assessment procedure at the interview is presented. This is to help service providers organize information from the client, understand the presenting problem and work out a solution. Steps of assessment are: 1) exploration of the circumstances leading to the clients contact, 2) preliminary evaluation of the client's problems, 3) physical assessment, and 4) social and cultural assessment (i.e., observation and analysis of the individual, family, community, national, and international levels of activity). Author also provides two hypothetical cases of the individual and family to set examples for treatment planning.

51. Indochinese Mental Health Project. *Social/cultural customs: Similarities and differences between Vietnamese - Cambodians - Hmong.* Pennsylvania: Bureau of Research and Training, Pennsylvania Office of Mental Health, 1980.

Population: Vietnamese, Cambodian, Hmong
Audience: General Population

Comparative chart to depict the social/cultural similarities and differences among Vietnamese, Cambodians and Hmong. The three groups are compared in terms of the following aspects: 1) family—marriage, childbirth and children, death/mourning; 2) society; and 3) religion.

The appendix provides additional information concerning death and mourning in Cambodia.

(Materials are not germane to mental health issues but promote a better understanding of the cultures of the three ethnic groups.)

52.* Ishisaka, H., Okimoto, D., Guynh, N.T., Quach, M-C., T., and Lim, R. *Mental health problems of Indochinese refugees.* (the original script does not have a title) Unpublished transcripts. Seattle: Asian Counseling and Referral Service, 1977.

Population: Indochinese
Audience: Consultants/Trainers, Mental Health Professionals

Transcriptions of four audio-visual tapes on the delivery of culturally sensitive mental health services to the Indochinese refugees. The tapes were produced under a contract from the HEW Refugee Task Force.

Tape 1: A brief historical review. The evacuation circumstances and the resettlement process are presented to provide a context for understanding the stresses of the Indochinese population. Cultural change and conflict are discussed in the context of community life and family life.

Tape 2: Cultural discontinuity is further discussed in the aspect of individual functioning. Case examples are given to illustrate stressors as well as ways in which stress might be alleviated. A distinction is made between adjustive stress and psychotic reaction. Two types of diagnostic errors might be committed: 1) diagnose someone as psychotic when the client is not, 2) not to diagnose someone as psychotic when he really is. The former error is by far the most common error experienced by the ACRS. It is suggested that proper diagnosis must take into account not only traditional mental health and psychiatric technology but cultural factors as well. To elucidate, the author lists the guidelines of assessment developed by the ACRS staff.

Tape 3: The discussion is on the Indochinese family structure and individual roles within the family, with emphasis on the techniques involved in the assessment and treatment of marital strain. The worker starts with individual sessions through which he defines difficulties, clarifies misunderstandings, negotiates differences, and helps the couple work toward a compromise. A joint session is then conducted to monitor the implementation of the agreement. In the case of a separated spouse, worker centers on enabling the client to know the consequences of continued separation or divorce. Reconciliation is encouraged in regard to the importance of family to each Indochinese individual. A case example of marital treatment is presented in detail to exemplify the unique difficulties faced by Indochinese refugees.

Tape 4: Highlights include the role of the worker, basic intervention strategies and treatment goals. Indochinese traditional beliefs toward behavior as well as the effect of 30 years of warfare on those beliefs must be understood before implementing any treatment. Worker is cautioned against a direct problem approach and advised to observe rules of dress, conduct and speech. A major responsibility of the worker rests on showing the refugee functional and adaptable ways of coping with the American system. The ultimate goal is assisting the refugees toward a bicultural adjustment.

53. Kinzie, J.D. Evaluation and psychotherapy of Indochinese refugee patients. *American Journal of Psychotherapy*, 1981, *35*(2), 251-261.

Population: Cambodian, Laotian, Vietnamese
Audience: Mental Health Service Providers

Author discusses issues related to the initial evaluation of Indochinese patients. Data is based on psychiatric treatment of more than 70 refugees.

Brief case vignettes are offered to illustrate the author's recommendation's for treatment. Author adds that interpreters who were trained as mental health counselors were very effective.

54. Kinzie, J.D. Lessons from Cross-Cultural Psychotherapy. *American Journal of Psychotherapy*, 1978, *32*(4), 510-520.

Population: Nonspecific
Audience: Mental Health Service Providers

Author provides brief vignettes of cases to identify techniques useful in cross-cultural psychotherapy: 1) sensitive use of the medical model, 2) use of nonverbal communication, and 3) sensitivity to the phenomenological aspects of the patient's life.

55. Kinzie, J.D., Tran, K.A., Breckenridge, A., and Bloom, J.D. An Indochinese refugee psychiatric clinic: Culturally accepted treatment approaches. *American Journal of Psychiatry*, 1980, *137*(11), 1429-1432.

Population: Indochinese
Audience: Mental Health Professionals

Report of a weekly psychiatric clinic for Indochinese refugees at the University of Oregon Health Sciences Center. Patient characteristics and two case reports are presented. The clinic successfully gained acceptance by members of the local refugee community through the use of a medical approach which emphasizes 1) taking the patient's history and reducing symptoms, 2) explaining the effectiveness of medications, 3) exploring the relationship between losses or social events and symptoms, 4) educating the patients about mental illness, 5) soliciting family support, 6) using mental health worker from each ethnic group, and 7) respecting the cultural background of the patient.

56. Koschmann, N.L., Tobin, J.J., and Friedman, J. *Working With Refugees: A manual for Paraprofessionals, Vol I-III*, Chicago: Travelers Aid/Immigrants Service, Refugee Resettlement Service, 1981.

Population: Cambodian, Laotian, Vietnamese
Audience: Mental Health Service Providers

This is a three volume set of training manuals for the development of bilingual, bicultural refugee workers who have no formal training in social services. Volume 1 is an introduction to working with refugees. Volume 2 reviews the life cycle as well as mental health and mental illness. Volume 3 is an introduction to interviewing and counseling skills. Case examples are of Cambodian, Laotian, and Vietnamese refugees.

57. Le, T.Q. Case Illustrations of Mental Health Problems Encountered by Indochinese Refugees. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Population: Indochinese, Vietnamese
Audience: Mental Health Professionals

Overview of Indochinese patients, their presenting symptoms and intervention techniques. Case examples are given to analyze the factors leading to the discrepancy between the need for services and the utilization rate. Description covers the profile characteristics of the mental health patients and case illustrations for each diagnostic category: 1) schizophrenia, 2) affective disorder, 3) neurosis, 4) adjustment reactions, and 5) other disturbances. Through experience as a social worker, the author has evolved some appropriate therapeutic approaches for Indochinese patients:

1) Avoid use of threatening terms
2) Act to reduce disturbing symptoms
3) Give clear guidelines where possible
4) Do not insist on talking about feelings
5) Develop an ambiance of trust
6) Show empathy and genuine concern

58.* Lique, K.H. (Ed.) *A mutual challenge: Training and learning with the Indochinese in social work*. Boston: Boston University School of Social Work, 1982.

Population: Indochinese
Audience: Consultants/Trainers, Mental Health Service Providers

This training manual is based on the experiences gained during two training programs conducted at Boston University's School of Social Work. It was written for the purposes of sharing experiences and providing guidance to mental health professionals who are involved in the task of training Southeast Asian paraprofessionals to provide services to Southeast Asian communities. What is presented can serve as a model for structuring innovative and relatively low cost training programs.

The manual is divided into three major sections. Part I provides background information to Americans about cross-cultural work. It describes the refugee experience and the difficulties that can develop during the adaptation process. Additionally, it defines approaches to learning about culture, examines the dimensions of paraprofessionals' functions within agencies, and identifies dilemmas which they may face with clients, communities, and the American human service system.

Part II explores the dimensions of the supervisory relationship and gives special attention to the adult education model. Principles are developed regarding how adults learn and how these can be used as guides to develop effective training programs.

Part III presents the curricular training materials. The materials presented can be used in its complete form or be adapted for individual or group supervision.

Users of the manual must possess basic knowledge of social work methods and skills. While cross-cultural examples are provided to illustrate specific teaching points, cultural differences are covered largely by bibliographic materials. However, it does not attempt to make cultural generalizations.

The manual was written based on a national demonstration project funded by the Office of Refugee Resettlement at the Boston University School of Social Work. Students in the project were Indochinese refugees from all ethnic groups and educational backgrounds.

59. Marcos, L.R. Effects of interpreters on the evaluation of psychopathology in nonEnglish-speaking patients. *American Journal of Psychiatry*, 1979, *136*(2), 171-174.

Population: Asian
Audience: Mental Health Professionals, Mental Health Service Providers

Author studied the use of lay interpreters in two New York City hospitals with Spanish and Chinese speaking patients. Problems in the use of interpreters include: 1) confidentiality, 2) difficulty in assessing mental status, and 3) interpreter-related distortions due to poor translations, lack of psychiatric knowledge, and attitudes toward patient. Author recommends that clinician and interpreter meet before the interview to discuss above issues in an attempt to compensate for the above problems.

60. **Matsushima, N.W., and Tashima, N. *Summary - Mental health treatment modalities of Pacific/Asian American practitioners*. San Francisco: Pacific Asian Mental Health Research Project, 1982.**

Population: Indochinese
Audience: Consultants/Trainers, Mental Health Professionals

Authors report on an exploratory-descriptive study to identify the range of mental health treatment modalities used with Pacific/Asian Americans. A national sample of 347 Pacific/Asian practitioners who have Pacific/Asian clients completed a survey questionnaire.

Results indicated that the therapists: 1) were a heterogeneous socio-demographic group by age, sex, ethnicity, etc; 2) were from a variety of occupations: (50%) social workers, (16%) psychologists, (14%) paraprofessionals, (11%) psychiatrists, (10%) other; 3) had varied training and experience, 81% at least MA; 4) had a bilingual practice, 63%; 5) used eclectic treatment approaches, preference for cognitive/behavioral (however, not the physicians); and 6) ethnicity was associated with treatment approach.

The results also indicated that treatment varied by client's ethnicity, value orientation, and presenting problem, e.g., psychodynamic for Chinese and Japanese, phenomenological for Japanese and Pilipino. Therapists tended to use psychodynamic modality with Western-oriented clients and phenomenological modality with traditionally-oriented clients. Interpretive and structured styles were most frequently used while authoritative and confronting were least used.

Further research is needed on relationship between treatment style and client values, ethnicity and background, treatment modality and therapist training, and ethnic-specific values and ethnic-community values.

61. **Moon, A., and Tashima, N. *Help-seeking behavior and attitudes of Southeast Asian refugees*. San Francisco: Pacific Asian Mental Health Research Project, 1982.**

Population: Cambodian, Ethnic Chinese, Hmong, Lao, Mien, Vietnamese
Audience: Consultants/Trainers

Extensive report of a study on help-seeking behavior and attitudes of Southeast Asian refugees. Questionnaires were administered to 396 subjects in five California counties through personal interviews.

Results and socio-demographic profiles of each ethnic group in the sample are illustrated in six tables. Data reveals that help-seeking practices differ for each ethnic group. Findings in five areas with concomitant policy implications are summarized as follows:

1) Sources of Help:
   For physical problems the majority (93%) go to external agents. For nonhealth related problems external agents are rarely solicited, self-reliance is common, and community is a consistent source for Lao and Mien. An implication of these findings is that the medical and mental health systems need to be coordinated.
2) Factors which influence the choice of help:
   Confidence in service providers and cultural and linguistic similarities are most important and therefore the use of bilingual staff is recommended.
3) Expectations regarding assistance:
   Physical therapy and/or medicine/herbs are expected for physical problems, spiritual help for depression and isolation, and problem-solving approach for all other problems.
4) Differences between refugee help-seeking practices in U.S. and Southeast Asia:
   There is increased use of external agents for physical problems (93% vs 74%) in U.S., the family declines as a primary support and the community becomes more important as support. It is suggested that community agents be included on all policy making boards.
5) Refugees assessment of mental health problems:
   Resettlement-related problems such as English deficiency, unemployment, homesickness, housing finance, social isolation, lack of orientation to American customs, and loneliness are are primary. Training and use of resettlement staff in mental health practices is recommended.

62. Muecke, M.A. Caring for Southeast Asian refugee patients in the USA. *American Journal of Public Health*. 1983, 73 4), 431-438.

Population: Cambodian, Laotian, Vietnamese
Audience: Mental Health Service Providers

Author states that Southeast Asian refugees differ from other Asian groups on four characteristics, 1) they would prefer to live in their

native home, 2) they come without preparation, 3) they cannot return home, and 4) they are survivors.

In addition to the use of bilingual, bicultural staff/interpreters the author recommends talking initially with the eldest person in the family present at the time of the initial appointment.

The article focuses primarily on physical health treatment and interactions and discusses culturally based problems in treating Southeast Asian refugees. However, the author concludes that "perhaps the greatest threat to refugee health is depression. . . .related to the pervasive and overwhelming losses and changes that refugees have experienced in a relatively short time."

63. National Indochinese Clearinghouse, Center for Applied Linguistics. A brief look at the histories and cultures of Laos and Cambodia, 1976-1977. In Vietnamese American Association, *Indochinese refugees adjustment problems*. Oklahoma City: Author, no date.

Population: Indochinese
Audience: General Population

Overview of the history, religion, and social structure of Lao and Cambodia. There are more similarities between the two countries than the differences that divide them. The history of Lao and Cambodia is one of political and military struggles, followed by a French influence which continued until 1950s. Buddhism, the dominant religion in both countries, pervades into the government and everyday life of the civilians. In Lao and Cambodia, unlike Vietnam or China, the nuclear family is more desirable than an extended family.

64. Owan, T.C. Neighborhood-based mental health: an approach to overcome inequities in mental health services to racial and ethnic minorities. In D.E. Beigel, and A.J. Naparstek, *Community support systems and mental health - practice, policy and research*, 1982.

Population: Indochinese
Audience: Mental Health Professionals, Consultants/Trainers

Author states that ethnic groups today embrace cultural pluralism. Cites professional data which indicates that new immigrants do not, perhaps cannot, adapt to current methods of service delivery. They do not fit YACIS patient (Young, Attractive, Verbal, Intelligent, Successful).

Author cites evidence of differential treatment in therapy between whites and minority group members; underuse of mental health services; and noncompliance with federal regulations (defacto) particularly for nonEnglish and limited English speaking persons.

Neighborhood-Based Mental Health (NBMH) service delivery is endorsed. NBMH focuses on realistically sized ethnic or destiny-related geographic areas, fit the professional to the client, and have greater utilization than traditional CMHCs. Components of NBMH, i.e.: 1) alternate service delivery models, e.g., social support, sociocultural development, community psychiatry-community mental health; 2) neighborhood-based support system; 3) research, i.e., is NBMH effective? and 4) evaluation, e.g., availability, accessibility, acceptability, appropriateness, accountability.

65. Smither, R., and Rodriguez-Giegling, M. Marginality, modernity, and anxiety in Indochinese refugees. *Journal of Cross-Cultural Psychology*, 1979, *10*(4), 469-478.

Population: Vietnamese, Laotian
Audience: Mental Health Professionals

Authors conducted an exploratory study of the relationships among "being on the edge of two cultures" or marginality (Mann's-Scale), modernity or welcoming challenge of a new experience (Gough), and state and trait anxiety (Spielberger) for Vietnamese and Laotian refugees and Americans. The Vietnamese (N = 28) and Laotian (N = 17) refugees were enrolled in a language and job training program while the Americans (N = 44) were a random sample; all subjects were from the San Francisco area.

Results were as predicted by the authors. The refugee samples scored high on marginality, low on modernity and high on state anxiety. The American sample scores were in the opposite direction. There was no significant relationship between marginality and modernity for any of the groups. Authors note that the study reflected sociological factors involved in coming to a new culture, more than it did personality variables. Also noted was the low sample size.

66. Sue, S., and McKinney, H. Asian Americans in the community mental health care system. *American Journal of Orthopsychiatry*, 1975, *45*(1), 111-118.

Population: Indochinese
Audience: Mental Health Professionals, Consultants/Trainers

Based on the concern that the rates of psychopathology among Asian Americans has been underestimated and that available resources are inadequate, the authors conducted a study of patient utilization in 17 community mental health facilities in the Seattle Washington area during 1970-1973. Asian Americans were compared with white clients on a number of variables. The primary goal was to examine the utilization of the facilities, the severity of disorders, and services provided.

Of 13,450 patients seen, only 7% of the patients were Asian Americans (i.e., Japanese, Chinese, Filipinos, other Asians) while they represented 2.38% of the area's population. Among other findings the study indicated that this population saw a greater variety of personnel and had higher rates of psychoses than did white patients.

67. Thomasma, E.R., and Lo Lee. *Cultural backgrounds of the Indochinese people*. Tennessee: University of Tennessee Mental Health Center, 1980.

Population: Cambodian, Hmong, Laotian, Vietnamese
Audience: General Population

Overview of Cambodian, Hmong, Laotian, and Vietnamese cultures. Paper points out the diversity among the Indochinese people and contrasts their characteristics with American traits. Discussion covers each ethnic group's historical background, religion, family, social structure, economy, and character traits.

68. Tung, T.M. *Indochinese patients*. Washington, D.C.: Action for South East Asians, Inc., 1980.

Population: Indochinese, Vietnamese
Audience: Mental Health Professionals

The cultural aspects of the medical and psychiatric care of Indochinese refugees are presented. Material derives from the author's experience as refugee combined with his direct clinical service and consultative experience with community agencies. The author portrays Indochinese' ideas on matters of health, illness, and medicine; describes medical practices in contemporary Indochina; discusses problems of health

services faced by the refugees in the States; and provides suggestions to ease the transition. The latter portion of the presentation is devoted to mental illness and psychiatric practice in Indochina. It stands to reason that the American mental health system needs to be more sensitive to this population who consider mental illness as organic disorder or manifestation of supernatural event rather than psychological turmoil, rely on family help rather than professional intervention, and favor environmental remedies of medication rather than "talk therapy." The author underscores an approach which combines empathy, professionalism, "moral authority," and the use of an indigenous health professional as a translator.

69. Tung, T.M. *The Indochinese mental health paraprofessional: what do we want?* In Vietnamese American Association (Ed.), *Indochinese refugees adjustment problems*, Oklahoma City: Author, no date.

Population: Indochinese
Audience: Consultants/Trainers

Describes the need for, description of, and role of mental health paraprofessionals to work with Indochinese refugees on a time limited basis. The author recommends that a trusted person who understands both language and culture is needed to respond to mental health needs. This person should be Indochinese, bilingual and bicultural, accessible to clients (outreach), supervised and briefly trained. This person's functions should include detection of mental illness, crisis intervention, education, referral, and interpreter to mental health professional.

70. Tung, T.M. *The Indochinese refugee mental health problem: An overview*. Paper presented at the First Conference on Indochinese Refugees, George Mason University, Fairfax, Virginia, 1979.

Population: Indochinese
Audience: Mental Health Professionals, Consultants/Trainers

Paper on the mental health status of the Indochinese. The following issues are addressed: 1) kinds of stresses that refugees experience, 2) manifestation of mental health problems, 3) the Indochinese view of adjustment, 4) their coping mechanisms, and 5) discrepancy between demands and offers of mental health services. The mentality of realism, pessimism and stoicism has imbued the Asian masses and has created an extraordinary resilience and courage in the coping process. However, it also deters these people from fully utilizing the available mental health services. Citing an interesting story, the author asserts the importance of preventive rather than remedial measures in helping the refugees.

71. **Tung, T.M. *Understanding the differences between Asian and Western concepts of mental health and illness: Vietnamese and Ethnic Chinese.* Paper presented at the Conference on Refugee Mental Health sponsored by the Department of Health and Human Services and the University of Kansas, Kansas City, Missouri, May 1982.**

Population: Vietnamese, Ethnic Chinese
Audience: Consultants/Trainers, Mental Health Professionals

This is a companion paper to a book previously written by the author: "Indochinese Patients: Cultural Aspects of Medical and Psychiatric Care for Indochinese Patients." Author presents Vietnamese ideas on health, disease, medicine, medical practice, and mental illness, as these cultural tenets impede the utilization of American mental

health services. To increase the availability and effectiveness of the current mental health system the author advocates the following proposals:

1) Supportive and directive psychotherapy is preferred to an insight-oriented approach. Combination with drug treatment may appeal more to the Asian client.
2) System needs to be developed for better detection of mental health problems at an early stage.
3) Crisis intervention, solving a concrete problem and giving immediate relief, can render offers of therapeutic intervention more acceptable.
4) Better education is essential to inform and enlighten the Indochinese of mental health services.

72. Union of Pan Asian Communities. Understanding Pan Asian clients. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Population: Cambodian, Laotian, Vietnamese
Audience: Mental Health Service Providers, Consultants/Trainers

Overview of values, norms and role behaviors of Pan Asians with provision for practice implications. To show differences among various groups and deal with each community as a distinct entity, the author divides the discussion into three parts: Cambodians, Laotians and Vietnamese. For each ethnic group, information is organized under the following topic headings: 1) History and Pattern of Immigration in the United States, 2) Demographic Characteristics, 3) Values, 4) Norms and Role Behaviors, and 5) Practice Implications.

Written in concise form, the article provides very good introductory knowledge to service personnel who work with refugee clients.

73. Vandeusen, J., Coleman, C., Khoa, Le X., Phan, D., Doeung, H., Chaw, K, Nguyen, L.T., Pham, P., and Bounthinh, T. Southeast Asian Social and cultural customs: similarities and differences, part 1. *Journal of Refugee Resettlement*, 1980, *1*(1), 20-39.

Population: Vietnamese, Cambodian, Hmong, Laotian
Audience: Mental Health Service Providers, Mental Health Professionals

Comparative descriptions of social and cultural customs differentiating Southeast Asians. Description centers on the major features of family, social, and religious life among Vietnamese, Cambodian, Hmong and Laotian. A columnar format is used to identify parallels and contrasts between cultures. Readers are cautioned to be aware of individual differences generated by urbanization, social class status, and migration. Only through direct communication can one attain knowledge of the recent experience and lifestyles of individual refugees.

74. Weil, M. Southeast Asians and Service Delivery: Issues in service provision and institutional racism. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*, Los Angeles: Author, 1981.

Population: Indochinese
Audience: Consultants/Trainers

Extensive analysis of racism and culturally sensitive service. Table presents types of racism and manifested behavior of each type. Case examples display the extent of cultural insensitivity socialization, group programs, and macro service needs for communitydevelopment. The author adopts the Solomon (1976) model of nonracist practice.

75. Westermeyer, J. Psychiatry in Indochina: Cultural issues during the period 1965-1975. *Transcultural Psychiatric Research Review*, 1977, *14*, 23-28.

Population: Cambodian, Laotian, Vietnamese
Audience: Mental Health Service Providers, Mental Health Professionals

Author provides information, primarily from his own experiences and limited literature, on the nature of psychopathology in Vietnam, Cambodia and Laos. Schizophrenia is the most frequent problem followed by affective psychoses and psychoses associated with acute illness. Also described are folk theories and treatments of psychiatric disorders and status of modern treatment, i.e., 1975.

76. Williams, C.L., and Westermeyer, J. Psychiatric problems among adolescent Southeast Asian refugees-A descriptive study. *The Journal of Nervous and Mental Disease*, 1983, *171*(2), 79-85.

Population: Indochinese
Audience: Consultants/Trainers, Mental Health Professionals

Authors studied 28 Southeast Asian adolescent refugees (12 to 20 years of age) seen in a psychiatric setting. Demographic and diagnostic information is provided. Four had no psychiatric diagnosis, six had functional psychoses, six were mentally retarded, and twelve had other psychiatric diagnoses. The majority of the 24 patients with psychiatric diagnoses had exhibited problems prior to emigration to the U.S. where their problems exacerbated. Noteworthy is the finding that the four adolescents without psychiatric diagnoses had both parents in the home. Authors also report patient difficulties due to the foster placements of unaccompanied minors in Caucasian American families and recommend placements in families of the same ethnic origin.

77. Wong, J. Appropriate mental health treatment and service delivery systems for Southeast Asians. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*, Los Angeles, Author, 1979.

Population: Indochinese
Audience: Consultants/Trainers, Mental Health Professionals

Author states that traditional American mental health services, "heavily influenced by Freudian psychoanalytic thought that focused on the individual becoming aware of his or her own personality" may not be appropriate where the individual is entwined within the family and the community.

Elements for successful mental health treatment:

1) Bilingual, bicultural mental health workers.
2) Cultural consideration integrated into treatment.
3) Involvement of the family and the community in treatment.
4) Integration of the client into family and community systems.
5) Promotion of self-sufficiency through language and vocational training.
6) Cultural awareness training.
7) Prevention

Although there is no reliable data, generally low utilization rates for Asian/Pacific Americans have been reported. The author recommends alternative service mechanisms: 1) a comprehensive community center that is a multi- service center which includes mental

health (works best in geographically centered area), and 2) multiservice system where mental health becomes part of existing programs which are problem oriented programs. These alternatives provide for integrated mental health services in an overall service delivery plan; therefore more accessible and culturally congruent.

Appendix provides excerpts from the "Cultural Awareness Training Manual" -- appears to be pragmatic and useful.

78. Yamamoto, J. Therapy for Asian Americans. *Journal of the National Medical Association*. 1978, *70*(4), 267-270.

Population: Asian Americans
Audience: Mental Health Professionals

Author states that Asian Americans and Pacific Islanders underutilize mental health services due to a combination of the attitudes/culture brought from their homeland and their prejudice against the mentally ill and mental health services. Also states other's findings that suggest that Asians tend to seek help from mental health services only when they are seriously disturbed.

It is recommended that the object of therapy be on how to learn to cope with family support, rather than individualism. In this context the patient's family could be seen frequently. The therapist, preferably bicultural, should explore role conflicts and understand the close family ties and healthy mutual interdependency. Also, the therapist needs to be aware of the fact that he/she is viewed as an authority figure.

79. Yamamoto, J., Lam, J., Choi, W.I., Reece, S., Lo, S., Hahn, D.S., and Fairbanks, L. The psychiatric status schedule for Asian Americans. *American Journal of Psychiatry*, 1982, *139*(a), 1181-1184.

Population: Asians
Audience: Mental Health Professionals, Mental Health Service Providers

Authors have translated the Psychiatric Status Schedule (PSS) into Chinese, Filipino, Japanese, Korean, Samoan, and Vietnamese and have developed an audiovisual version of the schedule. Their objective in developing the scale was to develop a more reliable method of diagnoses than that of using translators for Asian-language-speaking patients.

The objectives of the present study were to determine the reliability of the audiovisual version of the PSS and to determine if relatively untrained volunteers (Asian-language-speaking) could use the materials and obtain reliable ratings. Authors report results with Chinese and Korean patients and Japanese nonpatients. The reliabilities were good for the patient population and the authors conclude that when Asian- language-speaking mental health professionals are unavailable the audiovisual PSS provides an improved method of diagnosis.

CITATIONS BY AUTHORS

Ref. No.

Academy for Contemporary Problems. 31
Human systems - a manual and inventory of social services for Indochinese. Columbus: Author, 1979.

Aitken, W.F. (Ed.). 32
A quadrilingual manual and directory, A mental health guide for Southeast Asians. Pennsylvania: Office of Mental Health, 1978.

Aylesworth, L.S. 33
Mental health consultation and program development for Indochinese refugees in low density areas. Paper presented at Southern Cal. Indochinese Mental Health Conference, August 1980.

* **Aylesworth, L.S., Kham Ko Ly, and Do Dung Anh.** 34
Working with Indochinese children and their families. Denver: Indochinese Development Center, Park East Comprehensive Community Mental Health Center, Inc., Denver, 1980.

* **Aylesworth, L.S., Osorio, P.S., and Osaki, L.T.** 11
Stress and mental health among Vietnamese in the United States. In R. Endo, S. Sue and N. Wagner, *Asian-Americans: Social and psychological perspectives*. Palo Alto: Science and Behavior Book, Inc., 1979.

Bliatout, B. 2
Prevention of mental health problems. Paper presented at the Conference on Refugee Mental Health sponsored by the Department of Health and Human Services and the University of Kansas, Kansas City, Missouri, May 1982.

* *Citations with asterisks are particularly comprehensive.*

Bliatout, B. 3
Problems of acculturation of the Hmong in Hawaii. Honolulu: Institute of Behavioral Sciences, 1979.

* **Bliatout, B.** 4
Understanding the differences between Asian and Western concepts of mental health and illness: Hmong and Lao. Paper presented at the Conference on Refugee Mental Health sponsored by the Department of Health and Human Services and the Univeristy of Kansas, Kansas City, Missouri, May 1982.

Boman, B., and Edwards, M. 12
The Indochinese refugee: an overview. *Australian and New Zealand Journal of Psychiatry, 1984, 18,* 40-52.

Brisimi, H. 35
An overview of the refugee situation in South East Asia. Unpublished manuscript, Office of the U.N. High Commissioner for Refugees, no date.

Brown, G. 36
Issues in the resettlement of Indochinese refugees. *Social Casework,* 1982, *63,* 155-159.

* **Brower, I.** 13
Counseling Vietnamese. *Personnel and Guidance Journal,* 1980, *58*(10), 646-652.

Burch, E.A., and Powell, C.H. 14
The psychiatric assessment of a Vietnamese refugee through art. *American Journal of Psychiatry,* 1980, *137* (2), 236-237.

Bureau of Research and Training, Office of Mental Health, Pennsylvania 37
Department of Public Welfare. *National mental health needs assessment of Indochinese refugee populations.* Pennsylvania: Author, 1979.

Carlin, J.E. 38
Southeast Asian Children: Implications for the mental health systems. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America.* Los Angeles: Author, 1981.

Chan, C. 1
Cambodians in America. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

* **Charron, D.W., and Ness, R.C.** 15
Emotional distress among Vietnamese adolescents: A statewide survey. *Journal of Refugee Resettlement, 1981, 1* (3), 7-15.

* **Chien, C., and Yamamoto, J.** 39
Asian American and Pacific-Islander patients. In F. Acosta, J. Yamamoto and L.A. Evans (Eds.), *Effective psychotherapy for low-income and minority patients*. New York: Plenum Press, 1982.

Chin, J.L. 40
Diagnostic considerations in working with Asian Americans. *American Journal of Orthopsychiatry*. 1983, *53* (1), 100-109.

Chu, J. 41
The trauma of transition: Southeast Asian refugees in America. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: 1979.

Egawa, J., and Tashima, N. 42
Alternative service delivery models in Pacific/Asian American communities. San Francisco: Pacific Asian Mental Health Research Project, 1981.

Egawa, J., and Tashima, N. 43
Indochinese healers in Southeast Asian refugee communities. Pacific Asian Mental Health Research Project, 1982.

Evans, L.A., Acosta, F.X., and Yamamoto, J. 44
Putting it all together. In F.X. Acosta, J. Yamamoto and L.A. Evans (Eds.), *Effective psychotherapy for low-income and minority patients*. New York: Plenum Press, 1982.

Forrest, D.V. 16
Vietnamese maturation: the lost land of bliss. *Psychiatry*, 1971, *34* (2), 111-139.

Gordon, V.C., Matousek, I.M., and Lang, T.A. 45
Southeast Asian refugees: Life in America. *American Journal of Nursing*, 1980, *37*(447), 2031-2036.

Harding, R.K., and Looney, J.G. 17
Problems of Southeast Asian children in a refugee camp. *American Journal of Psychiatry*, 1977,*134*(4), 407-411.

Harmon, R., and Robinson, C. (Eds.). 46
Outreach, Information and referral. Washington, D.C.: In dochina Refugee Action Center, 1981.

Harmon, R., and Robinson, C. (Eds.). 47
Social adjustment services. Washingon, D.C.: Indochina Refugee Action Center, 1981.

* **Ho, M.K.** 48
Social work with Asian Americans. *Social Casework*, 1976, *57* (3), 195-201.

Hoang, G.N., and Erickson, R.V. 49
Guidelines for providing medical care to Southeast Asian refugees. *Journal of the American Medical Assoication, 1982, 248* (6), 710-714.

Hodge, W.H. 50
Description of Indochinese assessment and planning package. Oshkosh, Wisc: Institute of Human Design, University of Wisconsin-Oshkosh, 1979.

Hoskins, M.W. 18
Building rapport with the Vietnamese. In Vietnamese American Association (Ed.), *Indochinese refugees adjustment problems*. Oklahoma City: Author, no date.

Indochinese Mental Health Project. 51
Social/cultural customs: Similarities and differences between Vietnamese - Cambodians - Hmong. Pennsylvania: Bureau of Research and Training, Pennsylvania Office of Mental Health, 1980.

* **Ishisaka, H., Okimoto, D., Guynh, N.T., Quach, M-C., T., and Lim, R.** 52
Mental health problems of Indochinese refugees. (the original script does not have a title) Unpublished transcripts. Seattle: Asian Counseling and Referral Service, 1977.

Kinzie, J.D. 53
Evaluation and psychotherapy of Indochinese refugee patients. *American Journal of Psychotherapy*, 1981, *35* (2), 251-261.

Kinzie, J.D. 54
Lessons from Cross-Cultural Psychotherapy. *American Journal of Psychotherapy*, 1978, *32* (4), 510-520.

Kinzie, J.D., Tran, K.A., Breckenridge, A., and Bloom, J.D. 55
An Indochinese refugee psychiatric clinic: Culturally accepted treatment approaches. *American Journal of Psychiatry*, 1980, *137*(11), 1429-1432.

Kinzie, D., Manson, S.M., Vinh, D.T., Tolan, N.T., Anh, B., and Pho, T.N. 19
Development and validation of a Vietnamese-language depression rating scale. *American Journal of Psychiatry*, 1982, *139* (10), 1276-1281.

Koschmann, N.L., Tobin, J.J., and Friedman, J. 56
Working With Refugees: A manual for Paraprofessionals, Vol I-III, Chicago: Travelers Aid/Immigrants Service, Refugee Resettlement Service, 1981.

Le, T.Q. 57
Case Illustrations of Mental Health Problems Encountered by Indochinese Refugees. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Lin, K.M., Tazuma, L., and Masuda, M. 21
Adaptational problems of Vietnamese refugees: I. Health and mental health status. *Archives of General Psychiatry*, 1979, *36*, 955-961.

* **Lique, K.H. (Ed.)** 58
A mutual challenge: Training and learning with the Indochinese in social work. Boston: Boston University School of Social Work, 1982.

Liu, W.T. 22
Transition to nowhere. Nashville: Charter House Publishers, Inc., 1979.

Looney, J., Rahe, R., Harding, R., Ward, H. and Liu, W. 23
Consulting to children in crisis. *Child Psychiatry and Human Development*, 1979, *10* (1), 5-14.

Marcos, L.R. 59
Effects of interpreters on the evaluation of psychopathology in non-English-speaking patients. *American Journal of Psychiatry*, 1979, *136* (2), 171-174.

Masuda, M., Lin, K.M., and Tazuma, L. 24
Adaptation problems of Vietnamese refugees. II. Life changes and perception of life events. *Archives of General Psychiatry*, 1980, 37, 447-450.

Matsushima, N.W., and Tashima, N. 60
Summary - Mental health treatment modalities of Pacific/ Asian American practitioners. San Francisco: Pacific Asian Mental Health Research Project, 1982.

Moon, A. and Tashima, N. 61
Help-seeking behavior and attitudes of Southeast Asian refugees. San Francisco: Pacific Asian Mental Health Research Project, 1982.

Montero, D., and Dieppa, I. 25
Resettling Vietnamese refugees: the service agency's role. *Social Work*, 1982, *27*, 74-81.

Muecke, M.A. 62
Caring for Southeast Asian refugee patients in the USA. *American Journal of Public Health*. 1983, *73* (4), 431-438.

National Indochinese Clearinghouse Center for Applied Linguistics. 5
Glimpses of Hmong history and culture. Arlington: Author, no date.

National Indochinese Clearinghouse, Center for Applied Linguistics. 63
A brief look at the histories and cultures of Laos and Cambodia, 1976-1977. In Vietnamese American Association, *Indochinese refugees adjustment problems*. Oklahoma City: Author, no date.

National Indochinese Clearinghouse Center for Applied Linguistics. 26
Perspectives on a cross-cultural problem: Getting to know the Vietnamese. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Nguyen, D.L., and Kehmeier, D. 20
The Vietnamese in Hawaii. In J.F. McDermott, W.S. Tseng and T.W. Maretzki (Eds.), *People and cultures in Hawaii*. Honolulu: University Press of Hawaii, 1979.

• **Nhu, T.T.** 27
Vietnam refugees: The trauma of exile. *Civil Rights Digest*, 1976, 9(1), 59-62.

Owan, T.C. 64
Neighborhood-based mental health: an approach to overcome inequities in mental health services to racial and ethnic minorities. In D.E. Beigel, and A.J. Naparstek, *Community support systems and mental health - practice, policy and research*, 1982.

Phommasouvanh, B. 6
Aspects of Lao family and social life. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Rahe, R.H., Looney, J.G., Ward, H.W., Tung, T.M., and Liu, W.T. 28
Psychiatric consultation in a Vietnamese refugee camp. *American Journal of Psychiatry*, 1978, *135*(2), 185-190.

Smither, R., and Rodriguez-Giegling, M. 65
Marginality, modernity, and anxiety in Indochinese refugees. *Journal of Cross-Cultural Psychology*, 1979, *10* (4), 469-478.

Sue, S., and McKinney, H. 66
Asian Americans in the community mental health care system. *American Journal of Orthopsychiatry*, 1975, *45* (1), 111-118.

The Vietnamese American Association (Ed.) 29
American-Vietnamese cross-cultural information. In *Indochinese refugees adjustment problems*. Oklahoma City: Author, no date.

Thomasma, E.R., and Lo Lee. 67
Cultural backgrounds of the Indochinese people. Tennessee: University of Tennessee Mental Health Center, 1980.

Tung, T.M. 68
Indochinese patients. Washington, D.C.: Action for South East Asians, Inc., 1980.

Tung, T.M. 69
The Indochinese mental health paraprofessional: what do we want? In Vietnamese American Association (Ed.), *Indochinese refugees adjustment problems*, Oklahoma City: Author, no date.

Tung, T.M. 70
The Indochinese refugee mental health problem: An overview. Paper presented at the First Conference on Indochinese Refugees, George Mason University, Fairfax, Virginia, 1979.

Tung, T.M. 71
Understanding the differences between Asian and Western concepts of mental health and illness: Vietnamese and Ethnic Chinese. Paper presented at the Conference on Refugee Mental Health sponsored by the Department of Health and Human Services and the University of Kansas, Kansas City, Missouri, May 1982.

Union of Pan Asian Communities. 72
Understanding Pan Asian clients. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*. Los Angeles: Author, 1981.

Vandeusen, J., Coleman, C., Khoa, Le X., Phan, D., Doeung, H., Chaw,K, Nguyen, L.T., Pham, P., and Bounthinh, T. 73
Southeast Asian Social and cultural customs: similarities and differences, part 1. *Journal of Refugee Resettlement*, 1980, *1* (1), 20-39.

Vang, T.F. 7
The Hmong of Laos. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*, Los Angeles: Author, 1981.

Vignes, A.J., and Hall, R.C.W. 30
Adjustment of a group of Vietnamese people to the United States. *American Journal of Psychiatry*, 1979, *136*(4A), 442-444.

Weil, M. 74
Southeast Asians and Service Delivery: Issues in service provision and institutional racism. In Asian American

Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*, Los Angeles: Author, 1981.

Westermeyer, J. 75
Psychiatry in Indochina: Cultural issues during the period 1965-1975. *Transcultural Psychiatric Research Review*, 1977, *14*, 23-28.

Westermeyer, J., and Wintrob, R. 8
'Folk' explanations of mental illness in rural Laos. *American Journal of Psychiatry*, 1979, *136* (7), 901-905.

Westermeyer, J., Vang, T.F, and Neider, J. 9
Migration and mental health among Hmong refugees: Association of pre-and post migration factors with self-rating scales. *The Journal of Nervous and Mental Disease*, 1983, *171* (2), 92-96.

Westermeyer, J., Vang, T.F., and Neider, J. 10
Refugees who do and do not seek psychiatric care: An analysis of premigratory and post migratory characteristics. *The Journal of Nervous and Mental Disease*, 1983, *171* (2), 86-91.

Williams, C.L., and Westermeyer, J. 76
Psychiatric problems among adolescent Southeast Asian refugees-A descriptive study. *The Journal of Nervous and Mental Disease*, 1983, *171* (2), 79-85.

Wong, J. 77
Appropriate mental health treatment and service delivery systems for Southeast Asians. In Asian American Community Mental Health Training Center (Eds.), *Bridging cultures: Southeast Asian refugees in America*, Los Angeles, Author, 1979.

Yamamoto, J. 78
Therapy for Asian Americans. *Journal of the National Medical Association*. 1978, 70 (4), 267-270.

Yamamoto, J., Lam, J., Choi, W.I., Reece, S., Lo, S. Hahn, D.S., and Fairbanks, L. 79
The psychiatric status schedule for Asian Americans. *American Journal of Psychiatry*, 1982, *139* (a), 1181-1184.

OTHER BIBLIOGRAPHIES

Doi, M.L., Lin, C. and Vohra-Sahu, I.
Pacific/Asian American research: An annotated bibliography. Chicago: Pacific/Asian American Mental Health Research Center, 1981.

Morishima, J.K., Sue, S., Teng, L.N., Zane, N.W.S. and Cram, J.R.
Handbook of Asian American/Pacific Islander mental health. DHHS Pub. No. (ADM) 80-754. Washington, D.C.: U.S. Government Printing Office, 1980.

Office of Refugee Resettlement, DHHS.
Refugee resettlement in the United States: An annotated bibliography on the adjustment of Cuban, Soviet and Southeast Asian refugees. Washington, D.C.: U.S. Government Printing Office, 1981.

Yu, E.S.H., Murata, A.K. and Lin, C.
Bibliography of Pacific/Asian American materials in the Library of Congress. Chicago: Pacific/Asian American Mental Health Research Center, 1982.